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# A STRANGE AND ILLOGICAL CASE OF SUICIDE.

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## A Strange and Illogical Case of Suicide.

By George M. Gould, M.D., Philadelphia, Pa.



THE FRIEND with whom to-day you are talking, and who seems as happy and right-minded as can be, may to-morrow commit suicide. If one thus acting was a good and successful man, to all appearances healthy, honored, and beloved by all who knew him, with no scandal in or about his life, and if in addition he was a man of learning and power, the mystery of his act seems insoluble. Such a case occurred recently in a large city of the Middle Western States, and I have been at a good deal of pains to gather all the details concerning the man possible to learn. I shall epitomize these and seek to learn the reasons for his self-murder.

If a man has been unhappy in love, unsuccessful in business, or disappointed in his ambitions; if he has any inherited or incurable disease; if he is an immoral man; if he has any depraved tastes; if he is a drinker or has a drug-habit; if he is a sullen or vengeful man, the subject of violent emotions,—if there is any abnormal or morbid trends of body or mind,—then

we may ascribe the suicidal act to such a cause; and especially if there is any intimation that it was the cause. But where every friend, relation, and fact connected with the death, testify strongly against the existence of such a possible cause, then we must seek elsewhere more closely for an explanation.

An explanation there must be, and students owe it to the community to find it. Men do not kill themselves without reason or excuse of some kind. The human mind does not contradict the first law of life except for a sufficient and logical reason. If practical psychology or theoretical mental science for that matter means anything, it means that effect must have a cause, that a great, peculiar, and powerful motive must incite an equally great and strange act.

Not the least hint of such a motive is suspected by the hundreds of the friends, admirers, or relatives of the man whose case I have investigated. He was at the height of a most successful, learned, powerful, and fortunate career. He was widely known, honored as are few in his great calling, beloved by all who knew him, trusted with power by thousands who may not have known him personally, happy-minded, of equable and genial temperament; and, so far as any could judge, or at least so far as any did judge, he was healthy in every way. His physician, whom I have closely interviewed, also testifies to this. Those who were nearest to him

ascribe his self-murder to "over-work"—that old fetich to which so many ills and so much illness have been ascribed, and which, in default of a sufficient reason, has been charged with all the illogical sins we cannot find out or will not confess. Of itself, without a big deal of helping, overwork never killed anybody, or made him kill himself.

On the day that this man shot himself he wrote to a relative that he had often planned to do so before, but had postponed it on account of others. The plans for his death were carefully made, and the disposal of his body, etc., were clearly ordered in gentle, kind letters found upon his body. He wrote that he was happy in the coming rest and peace, and he softly answered in advance the remonstrances that would be made by the kind pleading that after all each must be the judge as to his own way of "escape." He begged that his correspondent would remain and do the duty that remained.

### **Influence of Eyestrain.**

Soon after the publication of the accounts of the suicide, I received a letter from a distant patient saying that she had read my paper on suicide due to eyestrain, and that she had thought of it in reading of the suicide of this man whom she had known well over 20 years previously. Because when they were attending the same college they used to go skating together, and even

then he suffered greatly and constantly with pains in and about his eyes.

I had already set about my own investigation and strangely enough in the same mail with my patient's letter came one from two medical men saying that the man had nothing the matter with his eyes. He had been examined by an expert oculist, and he now testified that no eyestrain existed. Experience has taught me to trust the woman rather than the oculist. A man who has severe eyestrain at 25, especially if a great reader and writer, has twice or thrice the strain at the age of 46,—particularly if he does not wear glasses!

### Insomnia.

Slowly and carefully, but thoroughly, I pressed closer, and got nearer the facts. Finally I was on the trail of Insomnia, of which, caused by noises, he complained more than of anything else; I learned also of periods of silence, with depression, following the loss of sleep, but without much or any complaint of these or of other symptoms.

Much questioning brought out that at least for some fifteen years before his death, in addition to almost continuous reading and writing during the day, the man was accustomed to read after going to bed by the light of a lamp at his bedside. This is a pernicious habit even for sound or well glassed eyes, and is bad even when one has a good light behind the head and reads sitting

well-propped up in bed. But when in the prone position, and by means of a lamp at the side of the bed, and without glasses, and at the age of 45 or over—it is indeed slow self-murder and is fatally sure to end in some sort of tragedy. It should be added that this patient habitually took little or no exercise, devoting himself absorbingly to his literary and erudite work.

It is pretty certain that the periods of depression, not marked and rarely spoken of, followed upon and were caused by the insomnia. They lasted for several days and occurred about once a month. The man was not a drinker, and smoked only a cigar or two a day. He did not complain of headache, or indigestion, and he ate normally. These are important data, for in the absence of headache or digestional troubles eye-strain is very prone to produce, often with inflammation of the eyes themselves, psychic symptoms, and particularly insomnia. He often had “red eyes” in his later years.

### **Ocular History.**

The case-history of the oculist shows that at 43 years of age he had at least one-half a diopter of simple hyperopic astigmatism in each eye. Here, just here, lies the fatal blundering:—the oculist tested the eyes without paralysis of the accommodation, and at the beginning of presbyopia this is utterly inexcusable. If he had so much manifest astigmatism, he probably had more concealed; and hyperopia also was present;



and there was no certainty as to the axes of astigmatism; none as to muscle-balance; none as to the anisometropia, and the incorrect glasses ordered were not worn; and no warnings whatever were given as to the injurious effects of eyestrain upon the mind and health of astigmatic presbyopes.

True it is that the man did not even wear his glasses for distance, and was not known to do so for reading and writing. He did not like them or to use them, speaking sneeringly of them at times. At the time of his death and when doing the greatest amount of "near-work" with his eyes, he therefore had for such work, something like two diopters of compound hyperopic astigmatism uncorrected. If one who is reading these words will wear glasses artificially producing this defect in his own eyes, and then read for a dozen or more hours a day, thus cursed, he will either soon go crazy, go to a hospital, or go to buy a revolver wherewith to make an ending of his agony.

The photographs of the man in the last years as compared with those taken previously show significant signs of eyestrain in the hollowing below the lower lids, etc.

There is no doubt in my mind that this man committed suicide because of eyestrain. One may say it is only an inference,—if one will. All reasoning is by means of inferences. In many cases self-murderers plainly enough indicate the

existence of eyestrain in their symptoms or complaints. In many others this ultimate cause, although present, is unrecognized. But the failure to recognize it on the part of the patients and the public is the fault of the medical profession. Upon these neurologists and oculists who ignore and deny the evil effects of eyestrain, and who do their work incorrectly, rests an awful responsibility. Pooh-pooh only increases it.